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Bib Data Sheet

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/627,086 | <b>FILING DATE</b><br>07/25/2003<br><br><b>RULE</b> | <b>CLASS</b><br>206 | <b>GROUP ART UNIT</b><br>3714 | <b>ATTORNEY DOCKET NO.</b><br>7678.762 |
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**\*\* CONTINUING DATA \*\*\*\*\*** *None 2*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None 2*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/22/2003**

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Allowance</i><br>Acknowledged <i>Examiner's Signature</i> <i>Initials</i> | <b>STATE OR COUNTRY</b><br>UT | <b>SHEETS DRAWING</b><br>4 | <b>TOTAL CLAIMS</b><br>15 | <b>INDEPENDENT CLAIMS</b><br>4 |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|

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**TITLE**  
 Orthodontic bracket packaging kits and systems

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|----------------------------|---|--|
| <b>FILING FEE RECEIVED</b> | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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